	············	·					9. 1	<i>~</i>	21				
·							Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003 1076								553/ 1071558/					
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
_			(Column 1)		(Column 2)		TYPE	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			25				RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00°	
TOTAL CHARGEABLE CLAIMS			9 5minus 20=		. 5		X\$ 9=			OR	X\$18=	90	
INDEPENDENT CLAIMS			H minus 3 =		- 1			X43=		OR	X86=	96	
MULTIPLE DEPENDENT CLAIM PRESENT							+145				+290=	<u> </u>	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR		0.	
12-2808							TOT	AL.	Ļ	OR	TOTAL	946	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
_	70-0	CLAIMS HIGH		HIGH	EST	·			ADDI-]		ADDI-	
AMENDMENT A		REMAINING AFTER	NUME PREVIO		USLY EXTRA		RATE		TIONAL		RATE	TIONAL	
	Total	AMENDMENT .	Minus	PAID I	OR	_	X\$ 9		FEE		X\$18=	FEE	
	Independent	. (1	Minus	(<u> </u>	2				OR			
		IRST PRESENTATION OF MULTIPLE DEPENDENT		CLAIM		X43			OR	X86=			
<u> </u>							+145	=		OR	+290=		
						•	TO ADDIT. F			OR	TOTAL ADDIT, FEE		
		ADDII. P		· .		ADDN. FEE							
AMENDMENT B	•	CLAIMS REMAINING		HIGH		PRESENT		T	ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	<u>Orr</u>		X\$ 9			OR	X\$18=	T C C	
	Independent	*	Minus	***		=						,	
	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT		CLAIM		X43=			OR	X86=			
-			-				+145	-		OR	+290=		
								AL EE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	ın 2)	(Column 3)						•	
O.	`	CLAIMS REMAINING		HIGHE NUMB		PRESENT		.]	ADDI-	ſ		ADDI-	
NDMENT		AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATE	•	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		#	X\$ 9=	. 1		OR	X\$18=		
	Independent		Minus	***		=		+					
\leq	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=	+		OR	X86=		
+145=										OR	+290≈	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL E		OR ,	TOTAL ODIT, FEE		
H	the "Highest Nut he "Highest Num	mber Previously Pa ber Previously Paid	id FriN THI: I For (Total or	S SPACE is Independer	less that nt) is the	n 3, enter "3." highest number	ADDIT. FI	. –	opriat box		•		
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FORM PTO-875 (Rev. 10/03)

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